

SECTION 3 INFORMATION RELATED TO SUPERVISED EXPERIENCE

Applicant Name _____

Name of organization or agency where experience will be gained (complete a separate form for each setting.)

Street Address of Organization or Agency

City _____

State	Zip Code
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Zip Code

Average number of hours expected to be gained per week: _____

Type of Setting: ☐ State/Government Agency ☐ Hospital
☐ Non-Profit ☐ DUI/Private Practice
☐ School ☐ Rehab Center

Type of peer support/counseling experience to be gained (check all that apply):

☐ Rehabilitation Center
 ☐ Judicial/Corrections

☐ Child & Adolescent
 ☐ Individual Counseling

☐ Adult
 ☐ Group Counseling

☐ Family Treatment

☐ Other

Describe

Describe specifically, and in detail, what work experience will be obtained to meet the criteria in the following four (4) domains~~[12 core functions]~~: (a) Screening assessment and engagement; (b) Treatment planning, collaboration, and referral~~[Intake]~~; (c) Counseling~~[Client orientation]~~; and (d) Professional and ethical responsibilities~~[Assessment]~~; (e) Treatment planning; (f) Counseling; (g) Case management; (h) Crisis intervention; (i) Client education; (j) Referral; Reports and recordkeeping; and (l) Consultation]. (201 KAR 35:070)

Describe specifically, and in detail, how supervision will focus on: (a) Screening assessment and engagement; (b) Treatment planning, collaboration, and referral[Intake]; (c) Counseling[Client-orientation]; and (d) Professional and ethical responsibilities[Assessment; (e) Treatmentplanning; (f) Counseling; (g) Case management; (h) Crisis intervention; (i) Client education; (j) Referral; Reports and recordkeeping; and (l) Consultation-].(201KAR 35:070)

I, as applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That I have read the board Law and Regulations related to supervised experience and that all supervised experience will be completed in accordance with board rules;
- That I will meet with my supervisor at a minimum of 2 hours two (2) times a month~~every 2-weeks~~ of documented supervised experience;
- That I will abide by all rules of the board, including ethics requirements;
- That I understand the alcohol and drug counselor associate I certification/alcohol and drug counselor associate II certification~~registration~~/temporary certification/clinical alcohol and drug counselor associate license is only valid while I practice under supervision;
- That I notify the board if this supervisory arrangement is terminated; and
- That I understand any additional supervisors and settings shall be approved by the board in advance.

Signature of Applicant

Date

Printed Name

This agreement shall not be effective until the board has issued the letter approving the agreement.

I, as the board-approved supervisor of the above-named applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That all supervised experience will be completed in accordance with the Law and Regulations related to supervised experience and all subsequent board rules.
- That I will provide supervision to the above name applicant at least 2 hours two times a month~~every 2-weeks~~ of documented experience.
- That I understand the full professional responsibility for services of the supervisee shall rest with the supervisor.
- That I understand the supervisory arrangement is only valid while my credential remains in good standing.
- That I will notify the board if the supervisory arrangement is terminated.
- That I understand that I shall not serve as a supervisor of record for more than twelve persons obtaining experience for peer support/certification/licensure at the same time.

Signature of Supervisor

Date

[APPLICANT AND SUPERVISOR SHOULD KEEP A COPY OF THIS FORM FOR RECORDS]

BOARD-USE ONLY

☐ Approved by _____ Date: _____
(Initials of Reviewer)

☐ Denied by _____
(Initials of Reviewer)

☐ Deferred by by _____ Date: _____
(Initials of Reviewer)